

**Gaming Control Board
Cannon Bldg., Suite 203
861 Silver Lake Blvd.
Dover, DE 19904**

ORIGINAL APPLICATION FOR CONDUCTING INSTANT BINGO

1. Name of Applicant: _____

2. Address (also state mailing address if different): _____

3a. Is the applicant a volunteer fire company, veterans, charitable or religious organization, or fraternal society? ____ YES ____ NO. If the answer is YES, you should check the appropriate category:

____ Volunteer Fire Company ____ Veterans organization ____ Religious organization
____ Charitable organization ____ Fraternal society (Please note that under the Delaware Constitution and Delaware law, the Board can only license volunteer fire companies, veterans, charitable or religious organizations, or fraternal societies).

3b. Please provide a copy of a letter of tax exemption from the Internal Revenue Service under Section 170, or Section 501 (c)(3). NOTE: If you are relying on the exemption of a parent organization, you must submit a letter from your parent organization specifically stating that your organization is properly affiliated and permitted to conduct this bingo event.

If you do not have a letter from the Internal Revenue Service verifying your status as a tax-exempt organization, you can contact the IRS:

IRS Service Center
11601 Roosevelt Blvd.
Philadelphia, PA 19154
(877) 829-5500

4. Legal status of Applicant (i.e., corporation, unincorporated association):

5. Date applicant began existence: _____

6. Officers of Applicant:

NAME	ADDRESS	PHONE NUMBER
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_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT NOTICE: Check or Money Order for \$300.00 payable to the "State of Delaware" for each license requested must accompany this application.

7. The premises where the function will be held: _____

If the Sponsoring Organization does not own or regularly lease these premises, please state the owner or lessor _____, and attach a separate request with supporting reasons for the use of these premises.

8. The exact nature of the charitable purpose(s) for which the proceeds will be used: _____

9. Name and address of the member in charge of instant bingo:

NAME

ADDRESS

STATEMENT OF APPLICANT AND MEMBER (S) IN CHARGE:

STATE OF DELAWARE)
) SS.
County of _____)

The undersigned do hereby state under penalty of perjury that all statements in foregoing application are true and correct; that the undersigned member or members in charge of instant bingo are all of good moral character and have not been convicted of a crime involving moral turpitude; that if a license is granted hereunder, the undersigned member or members in charge will be responsible for the conduct of instant bingo in accordance with the provisions of the laws of this state, the license, and rules and regulations of this Commission governing the conduct of instant bingo.

Signature of officer and title

Member in charge

Member in charge

Member in charge

For Board office use only:

License Number: _____

District: _____
(Wilmington, New Castle, Kent or Sussex)